

## Hometown Hero Registration Form

I want to be a Hometown Hero.

_____	_____
Name of Community partner	contact person
_____	_____
Address	phone
_____	
Address	

**Please return this form to by May 10th**  
**Lowell Community Wellness**  
**PO Box 246 \* Lowell Michigan 49331**

Thank you for supporting this Lowell Community Wellness program  
If you have questions please contact Patty Sellner, [psellner@lowellschools.com](mailto:psellner@lowellschools.com) or 616 340-7781  
Lowell Community Wellness is generously funded by the  
**Lowell Area Community Fund**